**MDCT NECK AND CHEST - CONTRAST**

**Neck**

3.3x1.2 cm enhancing lesion seen involving lateral border of anterior 2/3 of tongue on left side. The lesion is not extending across the midline. Alveolus is free.

Subcentimetric lymphnodes seen in bilateral level IB and right level 2.

Pharynx and larynx are normal.

Neck vessels are normal.

**Chest**

8x5 mm peripheral nodule with adjacent pleural thickening seen in apical segment of right upper lobe. Tiny fibrotic foci also seen in apical segment of left upper lobe. Rest of lungs are normal.

No significant mediastinal lymphnodes.

Mediastinal vascular structures are normal.

No pleural effusion.

Bones are normal.

**IMPRESSION**

**Enhancing lesion involving lateral aspect of tongue on left side.**

**Subcentimetric bilateral level IB and right level 2 lymphnode.**

**Subcentimetric nodule in right upper lobe â?? unlikely to be metastases â?? however suggested follow up.**

**SURGICAL PATHOLOGY REPORT**

**Age :** 72

**Date of sample collection :** 15/10/2012

**Received on :** 15/10/2012

**Reported Date :** 17/10/2012

**Clinical Impression :**

C/o Ulcer in left side of tongue - 1 month

**Gross Description :**

Received for review are 2 slides and 1 block labelled as "2805/12", from MOSC Medical college Hospital.

**Microscopic Description :**

Sections show tissue lined by keratinised stratified squamous epithelium showing dense inflammation with

lymphocytes. Epithelium shows features of dysplasia and an invasive malignancy arising from it, composed of

atypical squamous cells arranged in lobules. Cells have moderate cytoplasm, round oval hyperchromatic nuclei

with irregular nuclear borders. Dense lymphoplasmacytic infiltration is seen in the sub epithelial stroma. No

lymphovascular emboli / perineural invasion seen.

**Impression :**

Slide and block review 2805/12 - Moderately differentiated squamous cell carcinoma.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 06/11/2012

**Received on :** 06/11/2012

**Reported Date :** 09/11/2012

**Clinical Impression :**

Ca. left tongue

**Gross Description :**

Received in formalin are 8 specimens. The Ist specimen labelled as "Wide local excision short superior suture

and long anterior", consists of portion of left side of tongue measuring 5.5x4x2.5cm. Specimen is oriented by

suture. Deep surface painted. The lateral surface shows an ulceroproliferative lesion measuring 3x2.5cm. On

slicing tumour measuring 3.5x2.8cm, to a depth of 1.2cm. The lesion is 1.4cm from anterior margin, 2cm from

dorsal / superior margin, 0.8cm from ventral margin, 0.4cm from deep margin, 0.8cm from posterior margin.

Cut section of tumour is pearly white in colour. Representative sections are submitted as follows:

A1 - Anterior margin

A2 - Tunmour with posterior mucosal margin

A3 - Posterior soft tissue shaved margin

A4 - Dorsal margin

A5 - Tumour with closest ventral margin

A6 - deep margin

A7 - Tumour with deep margin

A8 - Tumour

Specimen II labelled as "Additional inferior margin", consists of mucosal covered tissue piece measuring

1.5x0.3x0.3cm. Entire specimen submitted in cassette B.

Specimen III labelled as "Additional deep soft tissue margin", consists of single grey white irregular soft tissue

margin measuring 2x0.8x0.8cm. Entire specimen submitted in cassette C.

Specimen IV labelled as "Left level IB", consists of salivary gland measuring 3.5x2x2cm. Grosly unremarkable,

along with ?lymph node measuring 1x0.5x0.5cm, Random section fropm salivary gland. Representative sections

are submitted as follows:

D1 - Salivary gland

D2 - ? lymph node

Specimen V labelled as "Left level IIA", consists of fibrofatty tissue measuring 2.5x1.5x1cm. 3 lymph nodes

identified, measuring 0.5cm, 1x0.8x0.5cm, 2x1x0.8cm. Representative sections are submitted in cassette E.

Specimen VI labelled as "Left level IIB", consists of fibrofatty tissue measuring 2.5x2x2cm. Cut section tiny

lymph node 0.2 to 0.3cm. Entire specimen submitted in cassette F1 and F2 cassettes.

Specimen VII labelled as "Left level III", consists of fibrofatty tissue measuring 3x2.5x2cm, on disection single

lymph node identified measuring 2x0.8x0.5cm. Entire specimen submitted as follows:

G1 - lymph node

G2 - Fibrofatty tissue

Specimen VIII labelled as "Left level IV", consists of fibrofatty tissue measuring 2.5x2x0.8cm. Dissection 2

lymph nodes identified, measuring 1.3x0.5x0.5cm and 1cm dimeter. Entire specimen submitted as follows:

H1 - Lymph node

H2 - Fibrofatty tissue

**Microscopic Description :**

A) Wide local excision tongue : Section shows a neoplasm composed of cells arranged in nest and trabecular

pattern. Individual cells have pleomorphic nuclei moderate cytoplasm and distinct cell borders. These tumour

cells are surrounded by dense lymphocytic infiltrates. Keratin pearls seen. No perineural invasion /

lymphovascular emboli noted. Tumour has pushing margins.

Depth of invasion is 1.2cm

Deep free margin is 8mm

All mucosal margins are free and well away.

B. Additional inferior margin - Free of tumour

C. Additional deep soft tissue margin - Free of tumour

D. Left level IB LN : Section from salivary gland - within normal limits. 1 reactive lymph node seen.

E. Left level IIa - 3 reactive lymph nodes

F. Left level IIb - 4 reactive lymph nodes

G. Left level III - 2 reactive lymph nodes

H. Left level IV - 5 reactive lymph nodes

**Impression :**

WLE :

- Squamous cell carcinoma - moderately differentiated

- Tumour size - 3.5x2.8x1.2cm.

- No perineural invasion / lymphovascular emboli

- Depth of invasion 1.2cm

- All mucosal margins are free and well away

- 15 reactive nodes.

pT2N0Mx

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| **Date of Admission :**04/11/2012 | **Date of Procedure :**05/11/2012 |

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| **Date of Discharge :**13/11/2012 |

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| **Discharging Status :**FOLLOW UP DISCHARGE SUMMARY |

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| **DIAGNOSIS :** |
| Carcinoma Left Lateral Border Tongue |

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| **PROCEDURE DONE :** |
| Left hemiglossectomy+ Left Neck dissection (I-IV) + Submental flap + Tracheostomy on 5-11-2012 under GA |

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| **HISTORY :** |
| 72 year old female Mrs. Subhadra presented to Head and Neck OPD with complaints of ulcer in left side of tongue since one month. Biopsy done from outside reported as moderately differentiated squamous cell carcinoma. |

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| **CLINICAL EXAMINATION :** |
| Examination revealed about 4X3 cms ulceroproliferative lesion in left side lateral border of tongue extending to floor of mouth. Alveolus appears free Neck- NAD |

**INVESTIGATIONS :**

**Haemogram:**

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| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 05/11/2012 | 12.1 | 35.0 | 222.0 | 12.4 | 80.8 | 14.5 | 0.371 | - |

**Liver Function Test:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **T. Bilirubin: mg/dl** | **D. Bilirubin: mg/dl** | **SGOT: IU/L** | **SGPT: IU/L** | **ALP: IU/L** | **T. Protein: gms/dl** | **S. Alb: g/dl** | **S. Glob: g/dl** |
| 07/11/2012 | 0.64 | 0.14 | 27.7 | 7.0 | 53.1 | 5.10 | 2.65 | 2.4 |

**Renal Function Test and Serum Electrolytes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 07/11/2012 | 25.2 | 0.65 | 124.2 | 3.4 |
| 09/11/2012 | - | - | 132.9 | 3.1 |

Date: 07/11/2012

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| Chloride; -Serum : 94.2 mmol/L |  |

Date: 06/11/2012

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| Compatibility test; cross match complete (3 tests) : Compatible |  |

Date: 05/11/2012

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| RBC-COUNT-Blood : 4.26 M/uL | MCV-Blood : 82.2 fL |

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| MCH-Blood : 28.3 pg | MCHC-Blood : 34.5 g/dl |

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| RDW-Blood : 14.8 % | MPV-Blood : 7.6 fL |

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| MONO -Blood : 4.14 % | BASO-Blood : 0.212 % |

Date: 04/11/2012

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| Compatibility test; cross match complete (3 tests) : Compatible |  |

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| MDCT NECK AND CHEST - CONTRAST Date : 15/10/2012 Neck 3.3x1.2 cm enhancing lesion seen involving lateral border of anterior 2/3 of tongue on left side. The lesion is not extending across the midline. Alveolus is free. Subcentimetric lymphnodes seen in bilateral level IB and right level 2. Pharynx and larynx are normal. Neck vessels are normal. Chest 8x5 mm peripheral nodule with adjacent pleural thickening seen in apical segment of right upper lobe. Tiny fibrotic foci also seen in apical segment of left upper lobe. Rest of lungs are normal. No significant mediastinal lymphnodes. Mediastinal vascular structures are normal. No pleural effusion Bones are normal. IMPRESSION Enhancing lesion involving lateral aspect of tongue on left side. Subcentimetric bilateral level IB and right level 2 lymphnode. Subcentimetric nodule in right upper lobe unlikely to be metastases however suggested follow up. Surgical Pathology Report Received on :15/10/2012 Reported Date :17/10/2012 Histology Lab No :S12-11183 Clinical Impression : C/o Ulcer in left side of tongue - 1 month Gross Description : Received for review are 2 slides and 1 block labelled as "2805/12", from MOSC Medical college Hospital. Microscopic Description : Sections show tissue lined by keratinised stratified squamous epithelium showing dense inflammation with lymphocytes. Epithelium shows features of dysplasia and an invasive malignancy arising from it, composed of atypical squamous cells arranged in lobules. Cells have moderate cytoplasm, round oval hyperchromatic nuclei with irregular nuclear borders. Dense lymphoplasmacytic infiltration is seen in the sub epithelial stroma. No lymphovascular emboli / perineural invasion seen. Impression : Slide and block review 2805/12 - Moderately differentiated squamous cell carcinoma. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. MDCT Neck and chest with contrast was done on 15-10-2012 which showed enhancing lesion involving lateral aspect of tongue on left side. Subcentimetric bilateral level IB and right level 2 lymphnode. Subcentimetric nodule in right upper lobe unlikely to be metastases. Slide review done at AIMS on 15-10-2012 reported as Moderately differentiated squamous cell carcinoma. Her case was discussed in Head and Neck tumour board and planned for surgery. She was admitted on 4-11-2012 and after all preliminary investigations and evaluation she was taken up for surgery. She underwent Left hemiglossectomy+ Left Neck dissection (I-IV) + Submental flap + Tracheostomy on 5-11-2012 under GA. Postoperative clinical investigation showed disranged sodium values and which was managed conservatively. Tracheostomy tube was decannulated on the fourth postoperative day. She was started orally on the sixth postopertaive day and Ryles tube removed at the time of discharge. Condition at discharge: Stable, afebrile, taking orally, all sutures removed |

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| **OPERATIVE FINDINGS :** |
| Operative notes Surgery : Left hemiglossectomy+ left Neck dissection (I-IV) + Submental flap + Tracheostomy Procedure: Under aseptic precaution, pt drapped and painted. Oral cavity : e/o ulceroinfiltrative lesion of 3x2 cms involving the left lateral border of tongue with surrounding induration. Margin of 1 cms marked all around the lesion. The specimen is dissected out with adequate margin. Lingual nerve and branches of lingual artery identified and ligated. Additional deep soft tissue and inferior mucosal margins taken. Haemostasis achieved. Submental flap of 8 x 6 cms raised based on the submental artery. Flap inturned and insetting done. Neck dissection done from Level Ib - IV sparing IJV and SCM. Haemostasis achieved and confirmed. Neck wound closed in layers with drain in situ. Tracheostomy done and 6.4 shiley's tube used. Procedure uneventfull. |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1 x 3 days Tab. Dolo 650 mg (3) SOS for pain Hexidine mouth gargles fourth hourly |

**TUMOUR BOARD DISCUSSION**

**DOA :** 17/10/2012 **DOS :** 17/10/2012 **DOD :** 17/10/2012

**Date of tumor board discussion :** 17/10/2012

**Agreed Plan of management :**

17.10.2012 - Dental prophylaxis prior to surgery

WLE + ND + flap

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| **TUMOUR BOARD DISCUSSION** |

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| |  |  |  | | --- | --- | --- | | **DOA :**  14/11/2012 | **DOS :**  14/11/2012 | **DOD :**  14/11/2012 | |
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| |  | | --- | | **Date of tumor board discussion :**  14/11/2012 | |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Agreed Plan of management :**  14.11.2012 - HPR TB - pT2NoMx – Observation   |  | | --- | | **Progress Notes** |      |  | | --- | |  |      |  | | --- | | **Date of birth:**12/10/1940 |      |  | | --- | | **Date :**18/10/2012 |  |  | | --- | | **ProgressNotes :** | | HPR- MD-SCC left lateral border of tongue  discussed in TB  plan- WLE+ND+flap  dental opinion,PAC today  (patient very reluctant regarding surgery))  **Progress Notes**  **Date : 03/01/2013**  **ProgressNotes :**  Carcinoma Left Lateral Border Tongue Post Left hemiglossectomy+ Left Neck dissection (I-IV) + Submental  flap + Tracheostomy on 5-11-2012 under GA First follow up, on semi solid diet. Doing well. O/E: Oral Cavity:  , FLap healthy. Wound healthy. Neck - NED  pT2N0Mx  , Plan was to observe  Now c/o Left Shoulder pain.  O/E: Normal on palpation, no limitation of range of movements but stiffness present.  Adviced Paracetamol and exercises.  Review after 1 month, | | |